

Nevada State Board of Physical Therapy Examiners



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CHANGE OF RESIDENTIAL ADDRESS FORM

Pursuant to NAC 640.061, each licensee shall file, in writing, his current residential address and primary professional address within 30 days after the change. In that regard, you may use this form to change your residential address with the Board. We will accept a completed form via mail or facsimile.

You will be mailed a post-card receipt as confirmation of the change.

PLEASE PRINT LEGIBLY and provide complete information

LICNSEE NAME _____

(Street Address)

(City, State, Zip)

HOME PHONE (____) _____

HOME FAX (____) _____

CELL (____) _____

EMAIL _____

SIGNATURE _____

DATE _____